Emergency Department
JACKSON HOSPITAL & CLINIC, INC.
1725 Pine Street
Montgomery, Alabama 36106

DATE: 9/30/2003

YOUR DIAGNOSIS / CARE NOTES
1.) (R) Hand Abrasion
2.) (R) Elbow Abrasion
3.) Internal Derangement (R) Elbow

Treatment Rendered:

☒ X-Ray ☐ EKG ☐ Medication ☐ Tetanus
☐ Sutured ☐ Lab Test ☒ Exam ☐ Hypertet

☐ You were given a medication which may make you sleepy or less alert. You should not drive, operate heavy machinery or drink alcohol for 24 hours.

☐ **NO DRIVING TODAY**

☐ You were given a prescription for an antibiotic. You are to take it until gone unless otherwise instructed. Continue taking even if symptoms disappear.

☐ If your pain is not adequately relieved or you are having persistent nausea or vomiting or excessive drowsiness please call your physician or return to the Emergency Department.

IMPORTANT NOTICE: Your x-ray has been read and reviewed. Final review by the radiologist is pending. Follow up with your Primary care doctor for final interpretation.

Follow-up with

☐ Your Doctor: _____

☐ Return to Jackson ER on _____

We Are Referring You To:

Dr. Walcott Call 774-9000

for an appointment on _____

If you become worse or do not get better in 1 - 2 days see the doctor treating you or return to the emergency department.

Instructions Received By:

X James C. Welch

relationship to patient Self

☒ Voiced understanding of instructions

Patient Left:

☒ Ambulatory ☐ Crutches ☐ Stretcher
☐ Wheelchair ☐ With Driver ☐ Carried

_____ RN
Discharge Nurse

Specific Instructions:

Wound care

Splint (R) upper extremity

Follow up

Back to ER for increased pain, signs of infection or any worries

_____ MD
Discharge Physician

Certificate for Return to Work or School

Jackson Hospital
Emergency Department

ACCOUNT# [redacted] M/R # 18-57-40
WELCH,JAMES C
SEX - M BORN [redacted] F/C B ED
LAMSENS,STEPHEN D. ROOM

☐ NA

Has been under my care on 9/30/2003 and is able to return to work / School on 10/6/2003. The Patient's work limitations are: no driving, no use (R) arm

_____
Discharge Physician

EXHIBIT
tabbies
2

Name=WELCH,JAMES C MRUN=18-57-40
DOB=[redacted] Sex=M [redacted]
Admit Date=07/06/2004
Loc/Svc=/OPS Discharge Date=07/06/2004
FINAL REPORT
REPORT OF OPERATION

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DVI #184516

Bytescribe #0707-038

DATE OF OPERATION: July 6, 2004

PREOPERATIVE DIAGNOSIS: Right wrist ulnar neuropathy.

POSTOPERATIVE DIAGNOSIS: Right wrist ulnar neuropathy.

PROCEDURE: Right wrist ulnar nerve release at Guyon canal.

SURGEON: Dr. Walcott

ASSISTANT: Douglas J. Neil, Tech.

ANESTHESIA: Left axillary block.

COMPLICATIONS: None noted.

TOURNIQUET TIME: 19 minutes.

INDICATIONS: Mr. Welch fell on his right upper extremity about 9 months ago, landing on the palm of his hand and his wrist. He had pain, swelling and radial head fracture treated nonoperatively. He has developed progressive numbness of his small and ring fingers. He had a nerve conduction study that showed ulnar neuropathy at the wrist. He understood the risks, benefits, alternatives, diagnosis, treatment options, and after observing it for 9 months requested surgical treatment.

DESCRIPTION OF PROCEDURE: The patient was given IV antibiotics and axillary block in the holding area, placed in supine position with a tourniquet over stockinette on the upper arm. The arm was then prepped and draped under my supervision. Then elevated the arm, esmarched it, inflated the tourniquet to 220 mmHg and made an incision on the volar ulnar side of his wrist, about 3 to 4 cm in length and dissected down to Guyon canal and released the Guyon canal, visualizing the ulnar nerve and artery. There were no masses. The nerve was intact. After it was freed proximally and distally, I held pressure and deflated the tourniquet after 19 minutes and made sure there was no bleeding from any branches of the ulnar artery. Then closed the wound with near-far, far-near 4-0 nylon suture and simple nylon sutures and dressed the wound with Xeroform, 4 x 4's, ABDs, cast padding, and a small volar splint and

Name=WELCH,JAMES C [redacted] Sex=M MRUN=18-57-40 [redacted]

Loc/Svc=/OPS Admit Date=07/06/2004

FINAL REPORT Discharge Date=07/06/2004

REPORT OF OPERATION

==========

took him to the recovery room in stable condition with no apparent complications. Excellent capillary refill in all digits.

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Dictated By=WALCOTT,GEORGE D. JR. (MD) D/T=07/06/2004 1254

Text Status=FINAL

Signed By= _____ D/T= _____

WALCOTT,GEORGE D. JR. (MD)

Transcribed By=TANKERSLEY,DIANE D/T=07/07/2004 0650

ALABAMA ORTHOPAEDIC SPE ALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [redacted]
PRINTED 15:37:04 25 JUN 2004
PAGE 1

PROCESSED

06232004 Current Visit Dr 10 Recorded: 06252004 by 32 MWB AR EAW
HISTORY OF PRESENT ILLNESS: Followup for his radial head fracture which is doing pretty well, but now, he has some progressive numbness in his small finger and ring finger. It has been going on since his injury, and he just thinks it is definitely getting worse instead of better. It has now been probably approaching 9 months since his injury. He has use of the arm, but he notices that his fingers feel like they want to curl up and he has a lot of weakness in the hand.

PHYSICAL EXAM: Today, he is nontender at his radial head. He is mildly tender at his ulnar nerve and has a positive Tinel_s there. It does not subluxate. He is mildly tender at his medial epicondyle. No gross instability on valgus stress. Full pronation and full supination. Full range of motion of the elbow. Distally, he has 5- to 4+ finger abduction and finger cross strength on the right compared to the left.

X-RAYS: AP and lateral of the right elbow show what looks like still a visible radial head fracture with about 1 mm or less of displacement and acceptable alignment. It looks to be healing well. He has mild arthrosis in the elbow and no other abnormality.

IMPRESSION: Right radial head fracture 9 months out now with progressive ulnar nerve symptoms.

PLAN: I told him I would get a nerve conduction study/EMG. If he has significant ulnar nerve compression possibly as a result of a traction injury or his soft tissue edema after his elbow fracture then he might need to have ulnar nerve decompression or transposition. We will see him back as soon as we get the test done. He can continue normal activities for right now.
GDW/lg 06-24-04
CC: Worker_s Comp Carrier
Dr. Michael Turner _ Thank You

James Welch

James Welch, Gender: M, [redacted] Encounter Date and Time: 6/21/2004 07:46AM, Examiner: Michael C. Turner, Do

Chief complaint

The Chief Complaint is: Elbow pain/jep.

History of present illness

- Elbow joint pain and elbow joint pain.
- A burning sensation and a burning sensation.

Past medical/surgical history

Reported History:

Reported medications: Antibotic from his dermatologist A recent immunization for tetanus - 1/01/2001.

Medical: No reported medical history.

Physical trauma: Physical trauma - 9/30/2003 *Pt states that he was injuried w/ trying to to a car and fell on his rt elbow breaking the head of his radius. Pt was treated by Dr. Walcott w/ a sleeve and braces for about 1 month. Pt was released back to full duty but is in today c/o of pain in the same elbow. Pt states that now when he supinates his rt hand he has a shooting pain that shoots up his arm. Pt states that with in the past 2 months he has started having numbness in his 3rd-5th digits on his rt hand. Pt states that it is a constant numbness in his fingers. Pt states that he was trying tuff it out but the pain has gottten to back. Pt states that there is nothing he can due to help relieve his pain or sx. Pt has been taking Tylenol for his pain.*

Surgical / procedural: Surgical / procedural history [redacted]

Personal history

[redacted]

Physical findings

Vital signs:

- Weight was 231 lbs.

Patient has pain with supination of the arm. He states he has numbness to the 4th and 5th digits of the hand now and he is losing his strength.

Allergies

No allergies.

Plan

Patient is sent back to Dr. Walcott for further evaluation of this elbow which was fractured and is now experiencing parasthesias.

NEUROLOGY CONSULTANTS OF MONTGOMERY, P.C.
P. Caudill Miller, M.D. • Ben C. Wouters, M.D., Ph.D. • Larry W. Epperson, M.D.
Electrodiagnostic Laboratory
1722 Pine Street, Suite 700 • Montgomery, Alabama 36106
Phone (334)834-1300 • Fax (334)834-8347

NAME: WELCH, JAMES [redacted] REQUESTING PHYSICIAN: WALCOTT

AGE: 32 SEX: MALE DATE OF EMG: 6/24/04

PHYSICIAN: EPPERSON HOSPITAL MEDICAL RECORD NO:

CLINICAL:

NAME OF TEST: ☐ Nerve conduction velocity ☐ Needle EMG study ☐ Others (specify)

REPORT OF ELECTRODIAGNOSTIC STUDY

Summary of Findings*:

CLINICAL NOTE:

Patient is a 32-year-old white male who complains with numbness of his right hand and has history of fracture of his right radius in the past.

NCV:

1. Slow finger to wrist segment of the right ulnar sensory nerve.
2. Prolonged terminal latency of the right ulnar motor nerve.
3. Normal NCV's of all motor segments tested of the right upper extremity.

EMG:

1. Normal needle EMG's of all muscles tested in the right upper extremity.

There is electrophysiological evidence of a mild distal ulnar neuropathy at the right wrist. There is no evidence of an entrapment neuropathy otherwise in the right upper extremity. There is no electrophysiological evidence of a cervical radiculopathy in the right upper extremity.

LWE/rie

Signature

ABBREVIATIONS: NCV: Nerve conduction velocity
MUP: Motor unit potentials

*See attached page for detailed analysis

PCM-003 (7\87)

ALABAMA ORTHOPAEDIC SPE ALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [redacted]
PRINTED 14:40:41 02 JUL 2004
PAGE 1

06302004 Current Visit Dr 10 Recorded: 07012004 by 40 MWS.AR EAW
HISTORY OF PRESENT ILLNESS: He is here for followup for his numbness in the small and ring fingers. He says it has not really changed. He had the nerve test and the results from his EMG/nerve conduction study on 6-24-04 show mild distal ulnar neuropathy at the right wrist. No evidence of entrapment neuropathy otherwise at the elbow and no cervical radiculopathy.

PHYSICAL EXAM: He is mildly tender at the Guyon_s canal and mildly tender at the elbow.

IMPRESSION: Right ulnar neuropathy at the wrist for just over 6 months after trauma to his right upper extremity with a fall on his right upper extremity that resulted in a radial head fracture.

PLAN: Right now, he feels like he has waited a long time to see if it would get better. He has been taking B vitamins and nothing seems to help it. It is a thing that he is aware of it all the time. I have told him his options are living it for awhile and see if it gets worse or contemplating surgery which would be an ulnar nerve release at Guyon_s canal. It would be an outpatient surgery. The main risks would be infection and nerve injury. He would have to have sutures in for about 2 weeks and would have to be on light duty with a splint or dressing on his hand for the first 2 weeks and then possibly light duty for a week or two after that until the wound is fully healed. We will try to set that up next week probably on Tuesday afternoon. I think that this is related to his injury where he fell on his right upper extremity with enough force to break his radial head. It could have been local trauma to the palm of his hand at the time. Since that fall was a severe enough injury with being dragged by a car and falling hard enough to break his elbow, I think it is likely that it was a localized contusion that caused swelling at the wrist.
GDW/lg 07-01-04
CC: Worker_s Comp Carrier

File

WELCH, JAMES C.
111245
07-20-04
DR. WALCOTT
C

HISTORY OF PRESENT ILLNESS: Right hand Guyon's canal release. He says it still has no numbness in his fingers and it feels much better.

PHYSICAL EXAM: He has full range of motion and normal function and neurovascular exam. Minimal swelling. I removed the stitches today. The wound looks good. No sign of infection.

IMPRESSION: Doing well.

PLAN: He wants to go back to regular duty. I have said it is okay to go back on Friday for regular duty. He is still going to avoid putting direct pressure on the hand if he can. Right now, he has normal range of motion and normal strength. I will see him back for any problems. He should report any kind of significant problems he is having with it over the next couple of months and let me know. Based on today's exam, he has normal strength and normal range of motion. I anticipate he will have no permanent partial impairment and is approaching MMI.

GDW/lg 07-20-04
CC: Worker's Comp Carrier
*

File

WELCH, JAMES S.
111245
06-23-04
DR. WALCOTT
C

HISTORY OF PRESENT ILLNESS: Followup for his radial head fracture which is doing pretty well, but now, he has some progressive numbness in his small finger and ring finger. It has been going on since his injury, and he just thinks it is definitely getting worse instead of better. It has now been probably approaching 9 months since his injury. He has use of the arm, but he notices that his fingers feel like they want to curl up and he has a lot of weakness in the hand.

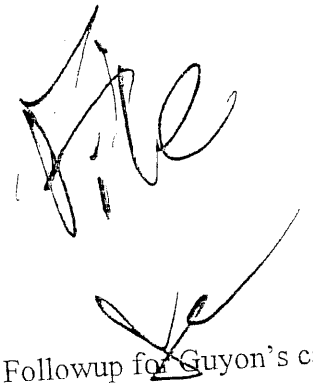
PHYSICAL EXAM: Today, he is nontender at his radial head. He is mildly tender at his ulnar nerve and has a positive Tinel's there. It does not subluxate. He is mildly tender at his medial epicondyle. No gross instability on valgus stress. Full pronation and full supination. Full range of motion of the elbow. Distally, he has 5- to 4+ finger abduction and finger cross strength on the right compared to the left.

X-RAYS: AP and lateral of the right elbow show what looks like still a visible radial head fracture with about 1 mm or less of displacement and acceptable alignment. It looks to be healing well. He has mild arthrosis in the elbow and no other abnormality.

IMPRESSION: Right radial head fracture 9 months out now with progressive ulnar nerve symptoms.

PLAN: I told him I would get a nerve conduction study/EMG. If he has significant ulnar nerve compression possibly as a result of a traction injury or his soft tissue edema after his elbow fracture then he might need to have ulnar nerve decompression or transposition. We will see him back as soon as we get the test done. He can continue normal activities for right now.

GDW/lg 06-24-04
CC: Worker's Comp Carrier
Dr. Michael Turner – Thank You



WELCH, JAMES C.
111245
07-13-04
DR. WALCOTT
C

HISTORY OF PRESENT ILLNESS: Followup for Guyon's canal release at the right wrist.

PHYSICAL EXAM: He looks good. The wound looks good. No sign of infection. He is neurovascularly intact with his ulnar nerve. He has good finger cross.

IMPRESSION: Doing well.

PLAN: We are going to leave the stitches in today and put a soft dressing on it and tell him to still stay at light-duty status that he is currently on with no heavy lifting with the right hand. I will see him back in a week. If the wound looks good then, I will take his stitches out.

GDW/lg 07-14-04
CC: Worker's Comp Carrier

WELCH, JAMES C.
111245
10-28-03
DR. WALCOTT
C

HISTORY OF PRESENT ILLNESS: He is 4 weeks out radial head fracture nondisplaced. He says he feels well enough to go back to normal duty now. He says it is not really painful. He can do push-ups now.

PHYSICAL EXAM: Today, he has motion from 5-135. He can supinate 80 and pronate 80. Neurovascularly intact distally. Nontender at his radial head.

X-RAYS: AP and lateral show this nondisplaced radial head fracture that looks to be healing.

IMPRESSION: Nondisplaced healing radial head fracture.

PLAN: He wants to go back to work. He is asymptomatic apparently and I cannot elicit any tenderness, and he has normal range of motion and can do push-ups. I told him it is okay to go back to regular duty, although if he has pain that he thinks would limit him from doing his normal activities, I would be worried about him doing his particular job. He thinks he is okay. We will let him go back to regular duty and see him back for a final followup in 1 month with repeat AP and lateral x-rays of the right elbow to make sure he has normal motion and strength and that he does not have any significant impairment rating.

GDW/lg 10-29-03
CC: Worker's Comp Carrier
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ALABAMA ORTHOPAEDIC SPECIALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [redacted]
PRINTED 09:41:55 30 OCT 2003
PAGE 1

PROFESSIONAL

10282003 Current Visit Dr 10 Recorded: 10292003 by 28 MWS.AR EAW
HISTORY OF PRESENT ILLNESS: He is 4 weeks out radial head fracture nondisplaced. He says he feels well enough to go back to normal duty now. He says it is not really painful. He can do push-ups now.

PHYSICAL EXAM: Today, he has motion from 5-135. He can supinate 80 and pronate 80. Neurovascularly intact distally. Nontender at his radial head.

X-RAYS: AP and lateral show this nondisplaced radial head fracture that looks to be healing.

IMPRESSION: Nondisplaced healing radial head fracture.

PLAN: He wants to go back to work. He is asymptomatic apparently and I cannot elicit any tenderness, and he has normal range of motion and can do push-ups. I told him it is okay to go back to regular duty, although if he has pain that he thinks would limit him from doing his normal activities, I would be worried about him doing his particular job. He thinks he is okay. We will let him go back to regular duty and see him back for a final followup in 1 month with repeat AP and lateral x-rays of the right elbow to make sure he has normal motion and strength and that he does not have any significant impairment rating.
GDW/lg 10-29-03
CC: Worker_s Comp Carrier

ALABAMA ORTHOPAEDIC SPECIALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [redacted]
PRINTED 16:25:58 16 OCT 2003
PAGE 1

10142003 Current Visit Dr 10 Recorded: 10152003 by 15 MWS.AR EAW
HISTORY OF PRESENT ILLNESS: Followup for a radial head fracture 2 weeks out now in this police officer.

PHYSICAL EXAM: He looks a lot better. He has less tenderness at the lateral elbow and less tenderness at the medial elbow. He has some pain that goes down to his wrist. He is neurovascularly intact distally at the wrist. No instability noted at the wrist. For his motion today, he can extend it to 5 degrees and flex it to 135 and pronate 80 and supinate 80.

X-RAYS: Five views of the elbow show a nondisplaced radial head fracture that is more clearly delineated today. There also might be a small avulsion off the medial side of his elbow, but it is nondisplaced.

IMPRESSION: Right elbow radial head fracture.

PLAN: I told him I would free this brace up so it will bend and straighten completely and let him go to full range of motion. I would not do any lifting with it yet. I would reexamine him in 2 weeks and can re-x-ray him then, AP and lateral of his right elbow. If everything looks good then, we will talk about increasing his work status. For right now, he would still need to be a light duty type of job.
GDW/lg 10-15-03
CC: Worker_s Comp Carrier

ALABAMA ORTHOPAEDIC SPECIALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [redacted]
PRINTED 13:58:18 02 OCT 2003
PAGE 1

09302003 Current Visit Dr 10 Recorded: 10012003 by 28 MWS.AR EAW
HISTORY OF PRESENT ILLNESS: He has an injury to his right elbow. He is a police office in Montgomery who injured his right elbow earlier today. He was trying to stop a suspect in a stolen vehicle and he had the person and they took off and they dragged him some. He landed on his right arm and elbow. He had pain and was seen in the emergency room this morning at Jackson Hospital for x-rays. They told him he might have a fracture but they were not sure. He is here for evaluation. No other major injuries reported to me right now. His medical doctor is Dr. Eric Graves. He is referred by Dr. ___ from the emergency room.

ALLERGIES: None.

MEDICATIONS: None.

PAST SURGICAL HISTORY: [redacted].

FAMILY HISTORY: [redacted]

PAST MEDICAL HISTORY: Negative.

PHYSICAL EXAM: Right elbow: He has abrasions over the right lateral part of his elbow. No open wounds that would be penetrating the skin. He is neurovascularly intact distally. He has a 2+ radial pulse. Intact anterior interosseous, posterior interosseous, median, and ulnar nerve function at the hand. He is very tender at his radial head. He can flex it to about 100 but it is painful. He can extend it to 45 but it is painful. He can pronate 80 and supinate 80 but those are all painful. It is most painful at his lateral elbow.

X-RAYS: Limited views in AP, lateral, and some obliques show a nondisplaced radial head involving about one-third or less of the articular surface.

IMPRESSION: Nondisplaced radial head fracture.

PLAN: Because of his pain, I would immobilize him for about a week in a long arm posterior splint for comfort. I will see him back in a week, reexamine him, get repeat AP, lateral, and radiocapitellar views of the elbow to make sure the fracture is still well lined up, and then just get him an Ace wrap bandage and let him start moving it some. For work right now, he has to be light duty like desk job duty. He cannot use his right arm for anything other than holding a pen if that is possible. It is probably going to take 6 or 8 weeks minimum for the fracture to heal. He understands that plan.
GDW/lg 10-01-03
CC: Worker_s Comp Carrier

ALABAMA ORTHOPAEDIC SPECIALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [redacted]
PRINTED 10:26:18 09 OCT 2003
PAGE 1

10072003 Current Visit Dr 10 Recorded: 10082003 by 20 MWS.AR EAW
HISTORY OF PRESENT ILLNESS: He has the right elbow injury and radial head fracture. He looks pretty good.

PHYSICAL EXAM: In his long arm posterior splint, he is comfortable today. He is neurovascularly intact. He goes from 70 degrees to flexing it to 125. He can pronate 80 and supinate 80, but it is painful at extremes. He is neurovascularly intact. He is tender laterally at his radial head and somewhat up at his capitellum area. There is no crepitus that I can feel and no block to mechanical motion that I can appreciate.

X-RAYS: AP and lateral show a nondisplaced radial head fracture. There is a questionable small irregularity that could be at the end of his humerus, but I do not see any obvious capitellum fracture.

IMPRESSION: Radial head fracture.

PLAN: I would continue to treat him nonoperatively for the radial head fracture that is nondisplaced with getting him a hinged elbow brace right now that will block his extension at about 60 degrees and let him take it off and work on range of motion frequently. He will still have to be light duty, sedentary type of work. I will see him back in a week and check one more set of x-rays, AP, lateral, and try to get an oblique view of his radiocapitellar joint when he comes back. If that looks normal then we will just increase his range of motion.
GDW/lg 10-08-03
CC: Worker_s Comp Carrier

WELCH, JAMES C.
111245
10-07-03
DR. WALCOTT
C
HISTORY OF PRESENT ILLNESS: He has the right elbow injury and radial head fracture. He looks pretty good.

PHYSICAL EXAM: In his long arm posterior splint, he is comfortable today. He is neurovascularly intact. He goes from 70 degrees to flexing it to 125. He can pronate 80 and supinate 80, but it is painful at extremes. He is neurovascularly intact. He is tender laterally at his radial head and somewhat up at his capitellum area. There is no crepitus that I can feel and no block to mechanical motion that I can appreciate.

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GDW/lg 10-08-03
CC: Worker's Comp Carrier
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